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PTO/SB/21 (02-04) (AW 02/2004)

Approved for use through 7/31/2006. OMB 0651-0031

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FORM**

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Total Number of Pages in This Submission 2

Application Number	10/024,534
Filing Date	12/21/2001
First Named Inventor	Michael Dobbs
Art Unit	2877
Examiner Name	P. Connolly
Attorney Docket No.	ITDE-PACD107US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached

<input type="checkbox"/> Amendment/Reply
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<input type="checkbox"/> Information Disclosure Statement

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37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a
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<input checked="" type="checkbox"/> Power of Attorney, Revocation,
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<input type="checkbox"/> Terminal Disclaimer

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<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication
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<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply
Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input type="checkbox"/> Other Enclosure(s) (please
identify below): |
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Remarks:**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Robert P. Seitter	Registration No. (Attorney/Agent)	24,856
Signature			
Date	3/19/2004		

CERTIFICATE OF TRANSMISSION / MAILING

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Typed or printed name	Robert P. Seitter
Signature	
Date	3/19/2004

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PTO/SB/82 (09-03) (AW 12/2003)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/024,554
	Filing Date	12/21/2001
	First Named Inventor	Michael Dobbs
	Art Unit	2877
	Examiner Name	P. Connolly
	Attorney Docket Number	ITDE-PACD107US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the Practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		Zip	
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Thomas M. Blasey				
Signature					
Date	3/18/04		Telephone	703-790-6314	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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